



# City of Marlborough POLICE DEPARTMENT

355 Bolton St.  
Marlborough, MA 01752  
Phone: 508-485-1212 Fax: 508-624-6949



DAVID A. GIORGI  
Chief of Police

## Marlborough Police Youth Academy

### REGISTRATION FORM

Please complete and return this application and the Parental Consent and Release Form starting April 1<sup>st</sup>, 2022. Applications may be returned to the front lobby of the Marlborough Police Station, care of Officer Borden Wicks or Officer Keith Moro. They may also be emailed to [bwicks@marlborough-ma.gov](mailto:bwicks@marlborough-ma.gov), or hand delivered to SRO Officer Ryan Braswell at the Marlborough Middle School. **DO NOT** submit the application to the Marlborough Middle School administrative offices. They may not get to academy staff in a timely fashion. Applications will be date and time stamped. **No applications will be accepted prior to 12:00 am, April 1st 2022.**

Admission to the Marlborough Police Youth Academy is open to Marlborough residents entering the 7<sup>th</sup> or 8<sup>th</sup> grade in the Fall of 2022. Admission will be granted on a first come first serve basis. There is no cost for the program. Many families take vacations during the summer months and applicants must be available for the entire week and be available to participate in graduation ceremonies. We are expecting the classes to fill up rapidly, so only applicants willing to commit for the entire program will be considered. **Acceptance is on a first come first serve basis, so it is recommended to get applications in early after the April 1<sup>st</sup> registration opening. 2021 classes filled up in a day.**

The 2022 Marlborough Police Youth Academy is 40 hour program, 8 am to 4 pm Monday through Friday. It is scheduled for the week of June 27<sup>th</sup> – July 1<sup>st</sup> with a graduation on Friday, July 1<sup>st</sup> at 3:30 pm. A second academy class will be run during the week of August 1<sup>st</sup> – 5<sup>th</sup> with a graduation on Friday, August 5<sup>th</sup> at 3:30 pm. Both graduations will be held at the Marlborough Middle School (Whitcomb School).

Please complete the entire application. Incomplete applications will not be considered until all information is received.

Student's Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Cell Phone \_\_\_\_\_ Email \_\_\_\_\_



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Emergency Contact (Other than Parent/Guardian) \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Food Allergies \_\_\_\_\_

Please list any physical disabilities that would restrict child's participation in academy programs (i.e. asthma, allergies, medication, etc.) \_\_\_\_\_

I give permission for my child's picture (during academy related events) to be taken for scrapbooks, DVDs, local access television, newspaper articles Yes / No (Circle One)

Parent/Guardian Signature \_\_\_\_\_

Participant's Shirt Size (Adult Size) Circle: Small Medium Large X-Large

Please indicate desired session: (Circle) June 27<sup>th</sup>- July 1<sup>st</sup> or August 1<sup>st</sup> – 6<sup>th</sup>

For students accepted to the Marlborough Police Youth Academy, there will be a **mandatory parent only meeting** at the Marlborough Police Station. **Parents must attend** the informational meeting in order for their children to participate. Parents whose children were accepted into the June week of the Youth Academy will have their meeting Monday June 6<sup>th</sup> at 6:00 pm. Parents of students accepted into the August week will have their meeting Monday June 13<sup>th</sup> at 6:00 pm. This meeting will explain the course curriculum and Youth Academy Rules and Regulations. The meeting location will be at the Marlborough Police Station. Please report to the front lobby, and park in the lot to the right of the building, not in front. Further information will be added on the Marlborough Police Department's Facebook Page. All Applicants will be contacted at the conclusion of the registration period.



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## **MARLBOROUGH POLICE DEPARTMENT YOUTH ACADEMY** **CONSENT AND RELEASE FORM**

The Marlborough Police Department is pleased that your child is interested in participating in the Marlborough Police Department Youth Academy. For all participants, parental approval is required and parents must sign the below consent and release form.

### **CONSENT AND RELEASE**

I, the undersigned parent/guardian, acknowledge that it is my/my child's choice to participate in the Marlborough Police Department Youth Academy. I, the undersigned parent/guardian, understand that participants in the class will be engaged in training activities, some of which present situations which may be physically and mentally challenging. I, the undersigned parent/guardian, acknowledge this and voluntarily accept it, hereby releasing the City of Marlborough, its police officers, public officials, officers, agents, servants, employees and assigns (the "Releasees"), from any and all liability, claims, demands, actions and causes of action, which might result from my child's participation in the Marlborough Police Department Youth Academy. As a further part of the aforesaid consideration, I, the undersigned parent/guardian, agree to indemnify and hold harmless the aforesaid Releasees from all liability, claims, demands, actions and causes of action which my and/or my child's estate may hereafter have on account of any and all injuries and damage to my child or to my child's property, or my child's death, arising out of or related to any happening or occurrence while my child participates in the Marlborough Police Department Youth Academy; and for the same consideration, I, the undersigned participant or parent/guardian, promise to release, and covenant not to sue, the Releasees, and agree to forever hold them and each of them harmless from any such liability, claims, demands, actions or causes of action.

I, the undersigned participant or parent/guardian, have read and understand the conditions of this program as stated above and hereby voluntarily assume all risk of loss, damage or injury to my child or to my child's property, including death, which my child may sustain while participating in the Marlborough Police Department Youth Academy. This release and agreement shall be binding upon me and my heirs, executors, administrators, personal representatives and assigns, and it shall inure to the benefit of the Releasees and their heirs, executors, administrators, personal representatives, assigns and successors in office.

By signing this release, the participant and parent/guardian agrees to the consent and release rules listed above. I or the undersigned parent/guardian give permission to have my child's participation in this class.

PRINT NAME (Student) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

PRINT PARENT NAME \_\_\_\_\_ TEL# \_\_\_\_\_